

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

Check if different
than previously
reported. (ACC)

Washington

DC

20037

1153

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2008

through

07

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard Goldberg

Signature of Treasurer

Electronically Filed by Richard Goldberg

Date

08

19

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		268897.92
(b) Cash on Hand at Beginning of Reporting Period	171722.86	
(c) Total Receipts (from Line 19)	9073.71	197348.48
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	180796.57	466246.40
7. Total Disbursements (from Line 31)	23876.56	309326.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	156920.01	156920.01
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7474.63	158044.10
(i) Itemized (use Schedule A)		
(ii) Unitemized	1086.00	36263.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	8560.63	194307.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	8560.63	194307.76
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	513.08	3040.72
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9073.71	197348.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9073.71	197348.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	376.56	3726.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	376.56	3726.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	303000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2600.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2600.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	23876.56	309326.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23876.56	309326.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8560.63	194307.76
34. Total Contribution Refunds (from Line 28(d))	0.00	2600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8560.63	191707.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	376.56	3726.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	513.08	3040.72
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-136.52	685.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay H. Alexander

Mailing Address 2256 Carlyle Court

City

Buffalo Grove

State

IL

Zip Code

60015-1857

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Cardiologists,
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 8

Transaction ID: 48fab1f4da677bd5ff53

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Timothy M. Bateman

Mailing Address 3410 West 89th Street

City

Leawood

State

KS

Zip Code

64111-5939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Consultant-
s, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: 4cfe966c8641d5e789eb

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Alan S. Brown

Mailing Address 1912 Alta Vista Court
801 S Washington Street

City

Naperville

State

IL

Zip Code

60567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Heart Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 8

Transaction ID: 498db644b5ef69e44430

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David L. Brown

Mailing Address 300 Parkwood Court

City

Columbia

State

MO

Zip Code

65201-8023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Cardiovascular
Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: 4a4cdc0f62c94d4d9ade

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John E. Cebe

Mailing Address 707 McDaniel Avenue

City

Greenville

State

SC

Zip Code

29605-2831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Upstate Cardiology, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: c964fac04ad24ffe9fbd

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Hollace D. Chastain

Mailing Address 1819 Breamar Drive

City

Fort Wayne

State

IN

Zip Code

46805-4705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 8

Transaction ID: 45f6976f4b6c51cc217c

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joseph L. Chatham

Mailing Address 6101 N 61st Place

City

Paradise Valley

State

AZ

Zip Code

85208-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 8

Transaction ID: 17e480eadaca4fb8abae

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Valentine C. Chikwendu

Mailing Address 400 Burdick Expressway East
PO Box 1489

City

Minot

State

ND

Zip Code

58701-4768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 0e3f541c87e1456eb0e4

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Bernard A. Clark

Mailing Address 95 Johnny Cake Lane

City

Glastonbury

State

CT

Zip Code

06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital and
Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: 4c769ead4e2f24bb424c

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark D. Cohen

Mailing Address 1819 Carew Street

City

Fort Wayne

State

IN

Zip Code

46805-4705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 0 8

Transaction ID: 1a9a8c61d3a3f613094

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Robert T. Constantino

Mailing Address 127 Almendral Avenue

City

Atherton

State

CA

Zip Code

94027-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: cabc8baa1fed4f0d9824

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Benjamin V. DuBois

Mailing Address 5711 Chilham Road

City

Baltimore

State

MD

Zip Code

21209-4415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic CV Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 8

Transaction ID: ffee982195fb4ff9ac4f

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James W. Fasules

Mailing Address 6 Cascades Drive
1900 Maryland

City State Zip Code
Little Rock AR 72202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Children's Hospi-
talPediatric

Occupation
PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 8

Transaction ID: 4ddd86e5653a35ba1b00

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Earl W. Fuller

Mailing Address PO Box 129

City State Zip Code
Newsoms VA 23874-0129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants,
Ltd.

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 11214647157f4e24b78c

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David A. Garza

Mailing Address PO Box 564

City State Zip Code
Bloomington TX 78705-3323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: 7028204edeb447a48114

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

542.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bhavdeep K. Gupta

Mailing Address 5268 River Club Drive

City

State

Zip Code

Suffolk

VA

23434-8470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Associates, P.-
C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 8

Transaction ID: 2209330411bf49b4a8d8

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kenneth D. Henson

Mailing Address 1204 N Lake Shore Drive
Suite 201

City

State

Zip Code

Sarasota

FL

34233-1105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henson Cardiology

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 8

Transaction ID: f0ad8c2990894b80b8a4

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

J. O'Neal Humphries

Mailing Address 402 Park Lake Road

City

State

Zip Code

Columbia

SC

29205-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: cb99b96320ea4ca3821e

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Werner Jauch

Mailing Address 8117 Meadowview Place

City

New Port Richey

State

FL

Zip Code

34667-6575

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pasco Cardiology Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 8

Transaction ID: 29fa3d4c417447078e1e

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Maureen H. Lowery

Mailing Address 5500 Southwest 92nd Street

City

Miami

State

FL

Zip Code

33101-6960

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Miami Division of Cardiol

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 0 8

Transaction ID: 670df11b805c474ba47b

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Arshad P. Malik

Mailing Address 475 Morningside Drive

City

Crown Point

State

IN

Zip Code

46307-5250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 8

Transaction ID: c93e119797de4adea2eb

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael J. Mirro

Mailing Address 2005 Prestwick Lane

City

Fort Wayne

State

IN

Zip Code

46805-4705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 8

Transaction ID: 451c905e2abc03ebb6f3

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

George P. Rodgers

Mailing Address 2441 Westlake Drive

City

Austin

State

TX

Zip Code

78759-3542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biophysical Corporation

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: 46e682a59635df8c86c7

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Robert A. Saporito

Mailing Address 668 W Saddle River Road

City

Ho Ho Kus

State

NJ

Zip Code

07423-1643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Garden State Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: 79336e62d46242a09ab7

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard W. Snyder

Mailing Address 5514 Yolanda

City

Dallas

State

TX

Zip Code

75230-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Place

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3571.45

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 8

Transaction ID: 9f2e6df2d34444de8c50

Amount of Each Receipt this Period

714.30

B.

Full Name (Last, First, Middle Initial)

Robert G. Tancredi

Mailing Address 707 South Mills Street

City

Madison

State

WI

Zip Code

53715-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Hospital/Dean
Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 9e2737d92adf4f2d8c58

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mary Walsh

Mailing Address 8333 Naab Road Suite 400

City

Indianapolis

State

IN

Zip Code

46260-1992

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Care Group LLC

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: 425fa3750a6f135afb58

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1064.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John H. Windsor

Mailing Address 745 Augsburg Avenue

City

Bismarck

State

ND

Zip Code

58501-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart & Lung Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 8

Transaction ID: 3cc7fdb95dfa8d8621c

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael J. Wolk

Mailing Address 876 Park Avenue

City

New York

State

NY

Zip Code

10021-8722

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Cardiology Assoc-
iates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 8

Transaction ID: 455dbfbacbdba942b5a04

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

183.33

TOTAL This Period (last page this line number only)

7474.63

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 21

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City

Richmond

State

VA

Zip Code

23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3040.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	8

Transaction ID: 29ac442e6041fb99662

Amount of Each Receipt this Period

513.08

Remimburse for Jun. Amex
and Jul. Merchant Fees

SUBTOTAL of Receipts This Page (optional)

513.08

TOTAL This Period (last page this line number only)

513.08

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
July Amex Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: Vb6579ec53803b716cc3

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

116.34

B.

Full Name (Last, First, Middle Initial)

Merchant Services

Mailing Address 7300 Chapman Hwy

City
Knoxville

State
TN

Zip Code
37920

Purpose of Disbursement
July Merchant Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: M8e8c3e96af3ab22758e

Date of Disbursement

07 / 02 / 2008

Amount of Each Disbursement this Period

10.00

C.

Full Name (Last, First, Middle Initial)

SunTrust Merchant Services

Mailing Address PO Box 6600

City
Hagerstown

State
MD

Zip Code
21741

Purpose of Disbursement
July Merchant Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V7054a86a8629424f8da

Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

215.22

SUBTOTAL of Disbursements This Page (optional)

341.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
July Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: M4c304835d6aeb57d522

Date of Disbursement

07 / 02 / 2008

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)

35.00

TOTAL This Period (last page this line number only)

376.56

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 21

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City
San Antonio

State
TX

Zip Code
78212

Purpose of Disbursement
2008 General

Candidate Name
Charles Gonzalez

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: 841af67e82e8ff61365

Date of Disbursement

07 / 16 / 2008

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Citizens for Altmire

Mailing Address PO Box 1776

City
Freedom

State
PA

Zip Code
15042

Purpose of Disbursement
2008 General

Candidate Name
Jason Altmire

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 90791d88e4e61b5079a

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Congressman Bart Gordon Committee

Mailing Address PO Box 2008

City
Murfreesboro

State
TN

Zip Code
37133

Purpose of Disbursement
2008 General

Candidate Name
Bart Gordon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: bca804f3aeef723402f

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of Gordon Smith

Mailing Address 228 S Washington Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2008 GeneralCandidate Name
Gordon H. Smith011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District:

Transaction ID: 30c5dc417f38e401aa9

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	8

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
2008 GeneralCandidate Name
Lois Capps011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: 1ac91cd31cdd60e029b

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	8

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

John Sullivan for Congress Inc

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement
2008 PrimaryCandidate Name
John Sullivan011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: dba3f1dfc480e4f6959

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	8

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pat Roberts for U S Senate Inc

Mailing Address PO Box 433

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement
2008 Primary

Candidate Name
Pat Roberts

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Transaction ID: 4bcd3602baf01d61d00

Date of Disbursement

07 / 16 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Searchlight Leadership Fund

Mailing Address 607 14th Street N.W.
Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
2008 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 922d10deab224cf01cf

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

23500.00